Foster Family Home - Corrective Action Report

Provider ID:

2-130010

Home Name:

Ronald Camper, CNA

Review ID:

2-130010-7

177 East Kinai Place

Reviewer:

Lori O'Keefe

Hilo

HI 96720 Begin Date:

3/5/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Recertification inspection conducted for this 3 bed home. A corrective action report (CAR) was issued with a

Foster Family Home

Background Checks

[11-800-87

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1, 8.a.2 - CG#1 has an expired Adult Protective Service/Child Abuse and Neglect (APS/CAN)This was due by 8/3/19, there is no current clearance in the home binder. CG#1 also had a lapse of the eCrim check, due by 4/25/18 and done

CG#2 - CG#2 also had a lapse of the APS/CAN and eCrim check. This was due by 1/29/19, done 3/28/19.

HHM#1 Arrived from a foreign country 1/10/20 and is working with immigration for proper documentation. There is currently no APS/CAN/Finger print clearances in the home binder. Foster Family Home Personnel and Staffing

[11-800-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g)

The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and

Comment:

41.b.7 - CG#1 TB clearance expired 6/20/19. CG#2 TB expired 1/12/18. HHM#1 - New addition to the home 1/10/2020. No TB clearance yet.

41.b.8 - CG#1 has CPR from an online program. Online training is not accepted. Training must be completed with in person instruction. CG#1 does not have evidence of First Aid training.

41.f.1 - HHM#1 does not have a current TB clearance in the home binder.

Foster Family Home - Corrective Action Report

Foster Fam	nlly Home Fire Sarety [11-800-40]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a - The home is unable to provide documentation of monthly fire drills having been conducted. PCG states they have been done regularly but not monthly and they have not been documented.

Compliance Manager

Primary Care Giver

3/5/2020 Date

3/5/20

Date

3/5/2020 22:36 PM

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

Ronald Camper

CCFFH Address: 177 East Kinai Place, Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	Received current APS/CAN and eCrim from CG #1 and CG #2. I placed them in my CCFFH binder.	3/11/20	I made a list of the expiration dates for APS/CAN, eCrim, CPR, First Aid and TB for all CG's and HHM's and placed on my computer calendar. I set the reminder for 1 month prior to expiration.
41.(b)(7) 41.(b)(8) 41.(f)(1)	Received current TB clearance from CG #1, CG #2, and HHM #1. I also received a current CPR and First Aid certification. I placed them in my CCFFH binder.	3/11/20	
46.(a)	I found paperwork for monthly fire drills and filed in my CCFFH binder.	3/11/20	I scheduled fire drills every month for 2020 and placed date and time and CG on my computer calendar.Ronald

Primary Caregiver's Signature: Royald Campe.

Print Name: Rohald Camper Date of Signature: 06/29/2020